


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000053752  
1. Entity Name  
ISLAND PAINT & POWER WASH INC



Principal Place of Business      Mailing Address  
255 VILLA VERDA RD      255 VILLA VERDA RD  
SAINT AUGUSTINE, FL 32084      ST AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



04172007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3727357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HALL, CHARLES E JR  
77 ALMERIA ST  
ST AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BUNTING, BRIEN J 255 VILLA VERDA RD ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONNICK, TODD A 255 VILLA VERDA ROAD ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROUGHAM, ERIC L 255 VILLA VERDA RD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000729689  
05/08/07-80049-016-150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brien J Bunting      Date: 4/23/07      Daytime Phone #: 1-904-471-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR